

Kansas Department of Agriculture  
Records Center – Food Safety  
109 SW 9<sup>th</sup> Street  
Topeka KS 66612  
785-296-2263 Fax (785)296-0673

Licensed Egg Distributor or Last Handler of Eggs

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

In order to keep our records current, as a licensed egg distributor or last handler of eggs with this department, please indicate below all facilities that you distribute eggs to. If you distribute to more than one facility, please list all. Please return this form with the enclosed registration. Thank you for your cooperation.

Please check all categories that apply:

Facility Name	Address	Distributor	Last Handler
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature